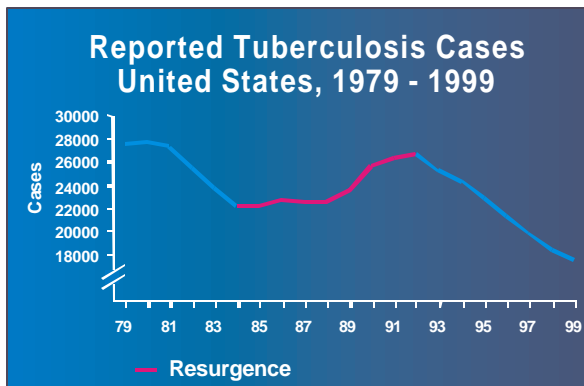


TB Elimination: Now Is the Time

Many people think that tuberculosis (TB) is a disease of the past - an illness, like smallpox, that no longer threatens us today. One reason for this belief is that, in the United States, we are currently seeing a decline in TB, and we are at an all-time low in the number of new cases. However, that very success makes us vulnerable to the complacency and neglect that come with declining numbers of visible persons suffering with TB. But it also gives us an opportunity to eliminate TB in this country. Now is the time to take decisive actions, beyond our current efforts, that will ensure that we reach this attainable goal.

The Price of Neglect

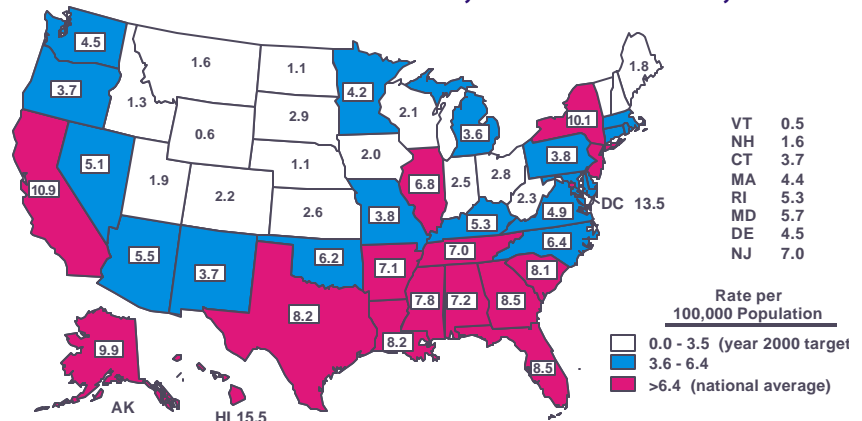


- In the 1970s and early 1980s, the nation let its guard down and TB control efforts were neglected. The country became complacent about TB, and many states and cities redirected TB prevention and control funds to other programs.
- Consequently, the trend toward elimination was reversed and the nation experienced a resurgence of TB, with a 20% increase in TB cases reported between 1985 and 1992. Many of these were persons with difficult-to-treat drug-resistant TB.

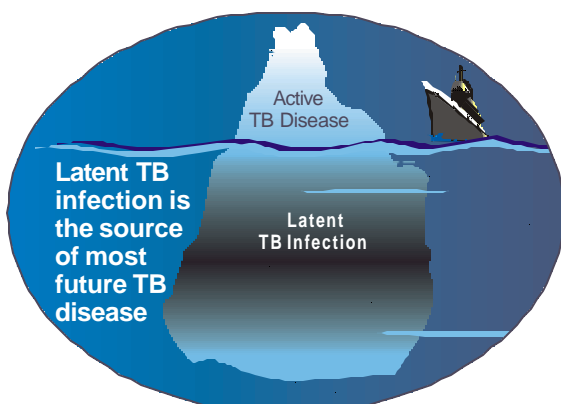
Back on Track Toward Elimination

- The nation's mobilization of additional resources in the 1990s has paid off; 1999 represented the 7th consecutive year of decline and an all-time low in reported TB cases.
- In 1999, there were 17,531 cases of TB disease reported in the United States, declining 5% from 18,361 cases in 1998. This recent recovery has put us back on track toward TB elimination.

Tuberculosis Case Rates, United States, 1999



TB Continues to Lurk Below the Surface



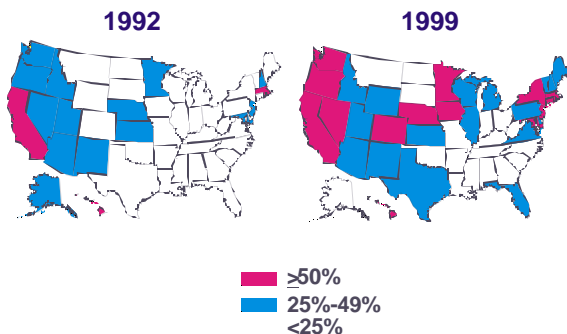
- TB is caused by an organism called *Mycobacterium tuberculosis*. When a person with infectious TB disease (TB that can be spread) coughs or sneezes, tiny particles containing *M. tuberculosis* may be expelled into the air. If another person inhales air that contains these particles, transmission from one person to another may occur.
- Persons exposed to TB disease may develop latent TB infection (LTBI). There are an estimated 10 to 15 million persons in the United States with LTBI, and about 10% of these infected individuals will develop TB disease at some point in their lives. A much higher proportion develop TB disease if coinfecting with HIV, the virus that causes AIDS.

TB Poses Greater Challenges Today Than Ever Before

The increasing proportion of cases in the U.S. among people born outside the U.S.

- Cases among foreign-born individuals increased from 22% of the national total in 1986 to 44% in 1999.
- Estimates suggest that more than half of U.S. cases may occur in foreign-born individuals by 2002.
- These changes reflect the global magnitude of TB as an important health problem.

Percentage of TB Cases Among Foreign-Born Persons



The continued threat of multidrug-resistant TB (MDR TB)

- If people with TB disease do not complete therapy for at least 6 months, they can develop and spread strains of TB that are resistant to available drugs.
- One case of MDR TB can cost up to \$1 million to treat.
- Forty-five states and the District of Columbia have reported diagnosing and caring for persons with MDR TB.

The impact of declining TB cases on TB control and prevention

- Some areas are having increasing difficulty in assuring proficiency among health care providers in diagnosing and treating TB disease and LTBI.
- Diagnosis of infectious cases may be delayed because of their lack of experience, resulting in unnecessary transmission to others.

The interaction between HIV and TB

- People coinfecting with HIV and TB are up to 800 times more likely to develop active TB disease during their lifetime than people without HIV infection.
- Approximately 10%-15% of the national total of TB cases are reported among people living with HIV.

Finishing the Job

Over 17,000 cases of TB occurred in 1999, and every case is a potential outbreak if not promptly recognized and treated. The 50 states and District of Columbia continue to report TB cases each year. We must finish the job by:

Maintaining Control: By strengthening current TB control, treatment, and prevention systems, we ensure the critical interruption of the transmission of TB and prevent the emergence of MDR TB.

Accelerating the Decline: By finding better methods of identifying and treating LTBI and improving strategies to reach at-risk populations, we will speed our progress toward elimination.

Developing New Tools for Diagnosis, Treatment, and Prevention: Through research to develop more effective methods of screening for LTBI, better drugs to treat LTBI, and an effective TB vaccine, we will find vital ways to stop the progression from latent infection to contagious disease.

Engaging in Global TB Prevention and Control: In providing leadership, contributing technical support, and forming international partnerships, we improve global health; worldwide control of TB is in the Nation's self-interest.

Mobilizing Support for TB Elimination: By reaching leaders of high-risk groups, we can offer hope that a disease that burdens their community can be eliminated.

Monitoring Progress: By assessing the impact of our elimination efforts, we can continually monitor our progress and identify and address any lapses in our efforts.



Division of TB Elimination Web site:
<http://www.cdc.gov/nchstp/tb>

03/7/01